

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN			
Is this report an Amendment?		OFFICE USE ONLY GAB # ID 0105309	
COMMITTEE IDENTIFICATION			
Name of Committee <u>Michael Howe Friends of Mike Howe</u>			
Address <u>828 Viebahn St.</u>			
City, State, ZIP <u>Wauwatosa WI 54220</u>			
NAME OF REPORT Jan 20 <u>Continuing</u> Pre-Primary 20 <u>12</u> Spring <u>(Fall)</u> Special July 20 <u>Continuing</u> Pre-election 20 <u> </u> Spring Fall Special			
SUMMARY OF RECEIPTS AND DISBURSEMENTS			
1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals Office Use Only
A. Contributions including Loans from Individuals <u>Mike Howe</u>	\$ <u>381.93</u>		
B. Contributions from Committees (Transfers-In)	\$ -		
C. Other Income and Commercial Loans	\$ -		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ -	\$ -	
1. DISBURSEMENTS			
A. Gross Expenditures	\$ <u>381.93</u>		
B. Contributions to Committees (Transfers-Out)	\$ -		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ -	\$ -	
CASH SUMMARY			
Cash Balance at Beginning of Report	\$ -		
Total Receipts	\$ <u>381.93</u>		
Subtotal	\$ -		
Total Disbursements	\$ -		
CASH BALANCE AT END OF REPORT	\$ <u>0</u> -		
INCURRED OBLIGATIONS (at close of period)	\$ -		
LOANS (at close of period)	\$ -		
I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.			
Type or Print Name of Candidate or Treasurer <u>Mike Howe</u>	Signature of Candidate or Treasurer <u>[Signature]</u>		Date <u>7-20-12</u> Daytime Phone <u>920-942-3111</u>

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

Failure to provide this information may subject you to the penalties of ss. 11.60, 11.62, Wisconsin Stats

GAB-2S (3/10)

1 A Contribution
2 A Expense



0105309-99

CAMPAIGN FINANCE REPORT STATE OF WISCONSIN

Is this report an
Amendment?

COMMITTEE IDENTIFICATION

Name of Committee Michael Howe
Address 828 Uebahn St.
City, State, ZIP Manitowish WI 54220

OFFICE USE ONLY
GAB # ID

NAME OF REPORT Jan 20__ Continuing Pre-Primary 2012 Spring ☒ Fall Special
July 20__ Continuing Pre-election 20__ Spring ☐ Fall Special

SUMMARY OF RECEIPTS AND DISBURSEMENTS

1. RECEIPTS	Column A This Period	Column B YTD	Audited Totals Office Use Only
A. Contributions including Loans from Individuals <u>Mike Howe</u>	\$ 388 -00		
B. Contributions from Committees (Transfers-In)	\$ -		
C. Other Income and Commercial Loans	\$ -		
TOTAL RECEIPTS (Add totals from 1A, 1B, and 1C)	\$ -	\$ -	

1. DISBURSEMENTS

A. Gross Expenditures	\$ 388 -00		
B. Contributions to Committees (Transfers-Out)	\$ -		
TOTAL DISBURSEMENTS (Add totals from 2A and 2B)	\$ -	\$ -	

CASH SUMMARY

Cash Balance at Beginning of Report	\$ -		
Total Receipts	\$ 388 -00		
Subtotal	\$ -		
Total Disbursements	\$ -		
CASH BALANCE AT END OF REPORT	\$ 0 -		
INCURRED OBLIGATIONS (at close of period)	\$ -		
LOANS (at close of period)	\$ -		


I certify that I have examined this report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Candidate or Treasurer

Signature of Candidate or Treasurer

Date 7-20-12

MIKE HOWE



Daytime Phone

920-242-3111

NOTE: The information on this form is required by ss. 11.06, 11.20, Wis. Stats.

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GAB-2S (3/10)

RECEIPTS
Contributions (Including Loans) From Individuals

Page 1 of 1

Friends of Mike Hane, Mike Hane Treasurer

Date _____ Full Name _____ Mailing Address _____

Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
7-20-12	MIKE HOWE 828 Viebahn St. MANITOWOC WI 54220 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	Builder MIKE HOWE Builders Inc 828 Viebahn St. MANITOWOC WI 54220	381 ⁹³	381 ⁹³
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 381	93
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 381	93

Complete Committee Name

Friends of Mike Hone, Mike Hone Treasurer

Instructions for completing schedules are on the back of each schedule

Instructions for completing schedules are on the back of each schedule.				
Date	Full Name, Mailing Address and Zip Code Of Contributor	Occupation, Name and Address of Principal Place of Employment (if year-to-date total exceeds \$100)	Amount of Contribution	Y-T-D Total
7-20-12	MIKE HOWE 828 Viebahn St. MANTONVILLE WI 54220 Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#	Builder MIKE HOWE BUILDERS INC 828 Viebahn St. MANTONVILLE WI 54220	381 ⁹³	381 ⁹³
	Check if: <input type="checkbox"/> In-Kind <input type="checkbox"/> Loan <input type="checkbox"/> Conduit Conduit GABID#			
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SUBTOTAL ITEMIZED CONTRIBUTIONS THIS PAGE			\$ 381	93
TOTAL ITEMIZED CONTRIBUTIONS			\$	
TOTAL UNITEMIZED CONTRIBUTIONS \$20 OR LESS			\$	
TOTAL CONTRIBUTIONS RECEIVED FROM INDIVIDUALS			\$ 381	93

DISBURSEMENTS
Gross Expenditures

Complete Committee Name

Friends of Mike Howe, Mike Howe Treasurer

Instructions for completing schedules are on the back of each schedule.

Date	Full Name, Mailing Address and Zip Code Of Person or Business to Whom Payment is Made	Specific Purpose of Expenditure	Amount
7-8-12	Office MAY 4121 Columbus Ave Mantua WI 54220 Check if: <input type="checkbox"/> In-Kind Offset	Literature	170 ²⁹
6-22-12	Office MAY 4121 Columbus Ave Mantua WI 54220 Check if: <input type="checkbox"/> In-Kind Offset	Literature	175 ⁸⁹
5-24-12	Amy's Apparel 3420 Dewey St. Mantua WI 54220 Check if: <input type="checkbox"/> In-Kind Offset	Shirt	26 ²⁵
5-31-12	Capital Parkings Check if: <input type="checkbox"/> In-Kind Offset	Parking Ramp Candidate Training	9 ⁵⁰
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
	Check if: <input type="checkbox"/> In-Kind Offset		
SUBTOTAL ITEMIZED EXPENDITURES THIS PAGE			\$ 381 ⁹³
TOTAL ITEMIZED EXPENDITURES			\$
TOTAL UNITEMIZED EXPENDITURES \$20 OR LESS			\$
TOTAL EXPENDITURES			\$ 381 ⁹³